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ABSTRACT

The knowledge structure of nursing, nursing concepts, and interaction patterns were studied at three nursing schools in Sweden. Attention was focused on six classification systems: communication pattern; personally directed content of talks; interaction structure and role behavior; content of instrumental versus emotional nature; disciplinary origin; and nursing process. Observations tape recordings were made with 14 teachers and 39 students during clinical training. The discussion subjects were divided into two groups: (1) implemented nursing procedure and nursing techniques, and (2) nursing situation in the ward. Findings include the following: 70-80 percent of all sentences came from the teacher; learning to perform nursing was more important for the student than learning to recognize her own ability; the teacher had both an instrumental and emotional role; when caring for a patient the students got to know the medical diagnosis and treatment as well as nursing needs; and discussion dealt with how to observe, plan, and implement nursing in a very uncritical, traditional way. It was concluded that there is an overemphasis on nursing techniques in Sweden. It is suggested that a holistic view in nursing education is needed, along with change in the structure and nature of the knowledge demanded in nursing schools. (SW)

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IN FOCUS:

THE ART OF KNOWING HOW TO NURSE

Paper at the Sigma Theta Tau´s Research
Congress in Madrid, July 7-8 1983

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IN FOCUS: THE ART OF KNOWING HOW TO NURSE

In Sweden our health service has expanded during the last decades. The expansion is due to the development of medicine, but also to a general increase in the economic prosperity of Sweden. The health care system is totally paid by income taxes and is in principle free of charge to the people who need its services.

It would not have been possible to have such a well-developed health care system without a parallell expansion in medical and nursing education. We have doubled the courses at the nursing schools and the programmes have been changed from time to time, both in scope and content. All the changes were decided on the Swedish Riksdag. All nursing schools were obliged to have the same curriculum. As time went on, it has been necessary to evaluate what was going on in the nursing education.

Since 1974 I and my fellow researchers have worked on an evaluation research-programme supported by the National Board of Education.

We have been interested in the theoretical education in the class-room, as well as the clinical training in the wards. In the main investigations we have tried to determine not only the quantity of subjects taught but also the quality. From that point of view, we have focused our research on the demands in the education and the evaluation process. By exploring the content of the demands, we obtain information about the real standard of nursing education, as well as the content in nursing subjects.

The student nurse of today is the nurse of tomorrow. The subject structure of nursing schools provides her working tools and the structure of her knowledge in vocational life.

Important facts from training periods are also important facts in working situations. And, furthermore, from a phenomenological standpoint, she has little possibility of discovering things she has not been aware of at the learning periods because they were not parts of the subjects taught. As Noel Chomsky has noticed, the subject structure is like the grammar of the language, one can use the structure without being conscious of it, but, in spite of this, it is the structure which gives meaning to the facts.

From such a point of view, it has been extremely important to find the knowledge structure that is shown in the demands at school to determine the quality in nursing education.

One main problem has been to locate situations in which the teachers and nursing students concentrated upon demands in nursing. In the clinical settings the demands made when teaching are not so obvious as in the class rooms where we have the tests. So we followed the teachers and the students during clinical training, and we observed them in their contacts with patients, wrote observation sheets and recorded on a tape-recorder all that they said to each other outside the patients' rooms. Then we typed all that we had recorded for further analysis.

In our analyses we were helped by the studies of such sociolinguists as Trudgill(1978) and Stubbs(1976), who use the sentences and not the single words as analyzing units, but we have not found any classification system useful for nursing subjects, so we had to build up classification systems of our own. But in that work we have obtained inspiration from several pedagogical and nursing sources.

Methodology

The purpose of this part of our investigations was to determine:

Knowledge structure
Concepts in nursing
Interaction pattern.

For this aim we worked out six classification systems:

Communication pattern
Generally or personally directed content of the talks
Interaction structure and role behaviour
Content of instrumental versus emotional nature
Disciplinary origin
Nursing process.

From our recorded and typed material, we selected all discussions on evaluation for further analysis. This selection resulted in 27 separate evaluation discussions from three nursing schools.

All the discussions were from medical-surgical courses. The student nurses in Sweden have their medical-surgical training during their first training period in the second term and during their last training period in the fifth term. We have had discussions with student nurses from both terms. In all, 14 teachers and 39 nursing students participated.

The analyzed material consists of 5257 sentences. The kind of situations they chose to evaluate were the following:

Table 1 Subject coverage

	Number of recorded discussions	Number of sentences
Nursing procedures and nursing techniques:		
Venous blood test	4	381
Basic nursing care	2	219
Giving medicine before operation	2	214
Giving injection	1	31
Dressing wounds	5	368
Catheterization	2	239
Last offices concerning deceased patient	1	86
Nursing situation in the ward:		
Sisters rounds	1	292
Students briefing after doctor's rounds	3	1488
Students briefing concerning patients' care and treatment in the ward	6	1785
Total	27	5257

We found that we could divide the discussion subjects into two groups:

- Implemented nursing procedures and nursing techniques
- Nursing situation in the ward.

Later on we compared the two groups with each other, and we also compared the separate group constellations with each other. So, we analyzed discussions between one teacher and one student, one teacher and two

students, one teacher and one nurse or teacher student in nursing and two or three students, and one teacher and four students.

We used quantitative analysis systems in the six classification systems mentioned above, but we also used qualitative analysis for some of the categories in our quantitative systems.

Results

In the following I shall concentrate upon the findings and not on the statistics.

Communication pattern

I have not had any prototype for this system. And, the system is quite simple. I have only counted how much each of the participants contributes in the separate discussions.

We found that:

The teacher is always dominant:
On an average 70-80 % of all sentences come from the teacher

If more than one student participate, the students have to share the same time as one student has to her disposal

One student is always dominant in relation to the other students. But the dominant role changes and depends on the preceding events

A female way of speaking is common. The teacher and the dominant student interrupt each other

If there is a nurse or a teacher student in nursing present, the teacher's communication range decreases. The students take a larger share in the communication.

If the student nurse has implemented nursing together with the teacher, she is probably the dominant student in the post-experience discussions.

Generally or personally directed content of the talks

One obtains a personally directed content when using the first name or a personal pronoun.

When one separates the sentences from that standpoint, one obtain the following results:

> One talks in an impersonal way. In spite of the discussion aims - to evaluate the student´s proficiency - the evaluative discussions are almost entirely confined to the subject matter and procedures, roles and routines in nursing in relation to the situation
>
> When the size of the group increases, there is a tendency for a more impersonal way of talking to develop, especially if they discuss nursing situation in the ward
>
> The student nurse learns to exclude herself, her beliefs and feelings when she evaluates preceding tasks
>
> How to perform nursing in general is more important for the student than to learn to recognize her own ability.

I will also show you the figures behind this:

Table 2

It is rather easy to get the impression from the discussions that a nurse has not to mentally involved. She is not a subject, she is an object. In nursing education then, it would seem to be more important to teach the individual student how to perform nursing than to recognize the wholeness of herself in interaction with the surroundings.

Table 2

Generally or personally directed content of the talks

	Number of participants	Talk pattern: Teacher General %	Teacher Personal %	Student General %	Student Personal %	Unidentified General %	Total General %	Total Personal %	Number of sentences
Nursing procedures and nursing techniques	2	59	9	26	7		84	16	100 487
	3	52	12	27	9		79	21	100 866
	4	33	9	51	6	1	85	15	100 88
	5	39	8	28	25		67	33	100 97
Subtotal		52	11	28	9	0	80	20	100 1 747
Nursing situation in the ward	2	58	8	29	5		87	13	100 408
	3	61	11	21	7		81	19	100 367
	4	42	11	40	7		82	18	100 1 194
	5	67	3	28	2	0	95	5	100 1 747
Subtotal		57	7	31	4	0	88	12	100 3 719
Total		56	8	30	6	0	86	14	100
		2 929	425	1 596	304	4	4 526	729	5 257

Interaction structure and role behaviour

I received inspiration from a very well-known American pedagogical researcher, Arno Bellack (1966),as well as from the Swedish philological researcher, Bengt Sigurd (1973), when I built up my classification system.

When analyzing interaction structure I have classified the categories:

Structuring or information-giving
Soliciting information or questioning
} Initiative

Responding or answering
Reacting
} Reflexive

The following are some of the results:

The teachers are the initiators.
They give information, and they ask questions

The teachers not only steer the discussions in a technical way, they also steer the content and the knowledge level

The teachers decide the nature and the structure of the talks

The students are reflexive in the way they behave in the discussions

It is usual that the teachers ask the students to give information. Thereby, they ask for a communication pattern which detects if the students think as they ought to do in nursing

When a nurse or a teacher student in nursing participates, the interaction structure changes. The student take over the initiative to some degree

The less dominant students try to be speaking-partners by asking questions. Sometimes they succeed, but more often they only get a single answer, and the role pattern is unchanged.

These are the figures behind the above facts:

Table 3

Table 3

Interaction Structure and Role Behaviour

Participants		Teacher and Nurse				Student				Unknown	Total	
	N	Information %	Soliciting %	Responding %	Reacting %	Information %	Soliciting %	Responding %	Reacting %	Information %	%	N
Teacher and students	1+1	49	9	5	6	12	4	7	8	0	100	895
	1+2	47	10	4	6	13	4	8	8		100	1 233
	1+4	53	8	5	5	14	5	6	5	0	100	1 750
Teacher, nurse,	2+2	29	12	4	7	30	3	10	5	1	100	1 282
teacher student and nursing students	2+3	20	23	1	3	25	1	21	5		100	97

In clinical education the student has a well-known role: you are responsibile for your own education and you have to be in the right place at the right time. All the students are conscious of this role and the less talkative student tries to get into a dialogue by asking questions.

About 50 percent of all the sentences are ones in which the teachers are giving information. But this is a result of the teachers great contribution to the talks. If we transform the figures to the shares from the teachers and students, the differences are almost similar.

We can also compare the two settings with and without a nurse involved. The pattern changes in a very interesting way, especially for the two categories information-giving and soliciting information from the students.

Content of instrumental versus emotional nature

When building up the classification system, I had Bales (1950) in mind. The classification system consists of the following categories:

Nursing facts (subjects in nursing education)
Statement
Emotional statement (expression of compassion for the patient)
Emotional support (directed to the partners in the dialogue)
Instruction.

We found among other things:

We have not found that the instrumental leadership is separated from the emotional role. The teacher has both an instrumental and emotional role

In the last term the student nurses talk in the same way as the nurses, they do not talk about anything else but nursing subjects

To verbalize compassion for the patient seems to be reserved for the teachers and teacher students in nursing. When they talk about their feelings for the patients, the other partners agree

It is more usual to talk about compassion in the discussions when the teachers and students have given basic care or have been involved in nursing procedures compared with discussions of the

ward situations

The teachers give emotional support, but it is unusual to see responsive behaviour from the students

Emotional support is usual when the teacher changes the subject, particularly when she begins to discuss psychological aspects.

A summary of the figures is shown in table 4:

Table 4

Disciplinary origin

I used the same system when I analyzed all test items given during one year at the Swedish nursing schools. When building up the system I have not had any similar system to get inspiration from.

Table 5 is based on a comparison between demands in test items with demands in discussions.

Table 5

Important information from analyzing the discussions is

The aim of the discussion does not determine the choice of subjects

There is a wide range of possible subjects. It is impossible to predict the direction of a talk when the teacher and students begin to talk about their experience in the separate subject matters

Psychological aspects are not derived from psychological theories. Instead, they are evidence of handed-down nursing traditions far from the tradition of scientific knowledge. The old tradition in nursing is orally transmitted nursing practice

When caring for a patient the students get to know of the medical diagnosis and treatment as well as of nursing needs.

A comparison between disciplinary origin and nursing tasks gives the following figures:

Table 6

Table 4

Content of instrumental versus emotional nature

Participants		Teacher and Nurse					Student					Unidentified	Total	
		Nursing facts	Statement	Emotional statement	Emotional support	Instruction	Nursing facts	Statement	Emotional statement	Emotional support	Instruction			
		%	%	%	%	%	%	%	%	%	%	%	%	
Teacher and students	1+1	57	6	0	2	2	28	4	0	-	0	0	100	89
	1+2	52	9	1	2	2	25	4	3	1	0	-	100	1 23
	1+4	58	4	1	-	3	23	3	1	1	0	0	100	1 75
Total		57	6	1	1	2	26	4	1	0	1	0	100	3 87
Teacher nurse, teacher student and students	2+2	43	7	0	1	1	43	4	1	0	'	0	100	1 28
	2+3	46	-	-	1	-	44	8	-	-	-		100	9
Total		43	6	0	1	1	43	4	1	0	-	0	100	1 379

Table 5 Disciplinary origin

	Test items	Evaluative discussions
Pathology and nursing	69 %	48 %
Anatomy/physiology	9	1
Pharmacology	9	6
Microbiology and hygiene	1	1
Clinical chemistry	7	2
Social medicine	0	2
Rehabilitation	0	1
Nutrition	0	0
Sociological aspects	0	0
Psychological aspects	0	9
Nursing techniques	4	9
Nursing administration and nursing leadership	0	9
Laws in health care	0	0
Miscellaneous	0	12
Total	100 %	100 %
N	20 624	5 257

Table 6

Disciplinary origin in relation to nursing tasks

Tasks	Venous blood-test	Basic nursing care	Giving medicine before operation	Giving injections	Dressing wounds	Catheterization	Last offices deceased patient	Sisters' rounds	Student briefing after doctors' rounds	Student briefing concerning patients' care and treatment in the ward	Total %	Total N
Pathology and nursing	12	47	21	19	32	3	27	82	54	57	48	2532
Anatomy/ physiology	2		2		2					1	1	43
Pharmacology	8		16		3			3	3	7	6	300
Microbiology		2	4		15	2			2	3	1	73
Clinical chemistry	16								1	2	2	124
Social medicine	1		1				20	0	11	3	2	92
Rehabilitation									1	1	1	32
Nutrition										0	0	4
Sociological aspects										0	0	1
Psychological aspects	4	11	21	42	4			4	3	11	9	491
Nursing techniques	25	25	19	3	20	53	6	2		3	9	472
Administration and ward organization		1	2	29	6	13	8	6	14	8	9	468
Health care laws						3					0	15
Miscellaneous	12	14	8	6	19	30	36	2	11	12	12	610
Total %	100	100	100	100	100	100	100	100	100	100	100	5257
	381	219	214	31	368	239	86	292	408	3 019		

Nursing process

The American nursing researcher Reilly (1975) has invented a classification system for valueing the student nurses´ performance in bed side nursing. With some modification, I was able to use her classification system when I analyzed the language. Here I concentrate only upon the four headings: assessment, planning, implementation, and evaluation. Under each of the headings we have many categories, which have given very important information on judging the quality of nursing.

Thereby I found that:

> Assessment is the largest category, but is unevenly distributed over the separate talks
>
> We get nurses who are excellent at describing the patient´s state, but have difficulties in explaining what they have to do with their observations
>
> It is usual to discuss nursing in a rather technical way and emphasize details
>
> Evaluation is always unusual. As a consequence, the discussions deal with how to observe, plan and implement nursing in a very uncritical, traditional way.

The figures behind this are:

Table 7

Implications for dissemination and utilization of the results

In Sweden there is an over-emphasis on nursing techniques. We need a more holistic view in our vocational training of the student nurses. The results from our analyses of evaluative discussions, as well as test items, tell us that we need to change the structure and nature of the knowledge demanded of nursing schools.

The reports from our analyses have been published by a publishing firm, and I also have had many seminars at the nursing schools. The teachers are diligent readers of research reports and they are also motivated to change their teaching.

Table 7

Nursing tasks in relation to the nursing process

Tasks	Nursing process				Aspects not included in the nursing process	Total	
	Assessment	Planning	Implementation	Evaluation			
	%	%	%	%	%	%	N
Venous blood tests	41	21	22	5	12	100	381
Basic nursing	31	9	48	2	10	100	219
Giving medicine before operation	29	4	49	7	11	100	214
Giving injections	-	23	57	19	-	100	31
Dressing wounds	20	3	51	-	22	100	368
Catheterization	3	2	48	-	48	100	239
Last offices, deceased patient	35	7	12	-	36	100	86
Sisters´ rounds	74	7	11	3	6	100	292
Student briefing after doctors´ rounds	59	18	9	-	14	100	408
Student briefing, concerning patients´ care and treatment in the ward	61	10	13	2	14	100	3 019
Total %	52	10	20	2	15	100	
Total N	2 756	517	1 075	109	799		5 257

But, that is not enough. There is a need for comparative investigations to determine whether our results are significant for nursing in general, or if they only give a true picture of the Swedish nursing situation.

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